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RURAL DISTRICT OF SALISBURY, AND WILTON

---

ANNUAL REPORT



of

THE MEDICAL OFFICER OF HEALTH

Incorporating

THE REPORT

of

THE CHIEF PUBLIC HEALTH INSPECTOR

---

For the Year 1959



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## INTRODUCTORY SUMMARY

Special attention is drawn to the following sections of the Report:

1. In the "Vital Statistics" Section:-

A slightly raised Infant Mortality Rate of 24.3, a Tuberculosis Mortality Rate lowered to Nil, and lowered standardized Death Rate of 9.3, half of which was due to heart and circulatory diseases, and about one fifth to Cancer and related malignant disease. One ninth of the Cancer deaths were due to Lung Cancer. All four cases that died of Lung Cancer were tobacco smokers, two being heavy and two light smokers.

2. In the "Communicable Disease" Section:-

The improvement in preventive "immunisations" against smallpox, diphtheria and whooping cough, among very young children. The substantial development of Poliomyelitis immunisation and the continuation of Tuberculosis "immunisation" for selected age groups of children and contacts of the disease. The very low incidence of notifiable communicable diseases, except for the periodical increase in measles. There was a slight increase, however, in notifications of Respiratory Tuberculosis.

3. In the "Environmental Public Health and Food" Section:-

The substantial progress in provision of new housing, but the continuing and indeed increasing shortage of housing accommodation, and need to maintain an all-out drive to reduce this problem, probably the greatest public health problem of the age, in this country. However, the Council add to their housing provision, the unsatisfied need for homes leaps several steps ahead.

The progress in development of the rural water supplies, but with too low a fluoride content. The increasing need for sewerage in certain areas.

The continued satisfactory results of the milk sampling scheme introduced in 1954, especially the completely negative results of samples taken for biological examination for tuberculosis and nearly completely negative results of similar examinations for living brucella organisms.

Further slow progress in the conforming of "Food Premises" to the Food Hygiene Regulations.

Recognition of the heavy responsibility of District M.O.s.H. and Public Health Inspectors in the environmental public health problems posed by national disasters, especially nuclear war.

4. Principal Outstanding Public Health needs

These are unchanged. They comprise:-

- (1) More homes, with the minimum encroachment upon agricultural land.
- (2) Enrichment of drinking water supplies to provide sufficient fluoride salt to enable teeth to grow healthy and durable.
- (3) Extension of main water supplies to those few parts of the district not yet served, although planned and approved in principle.
- (4) More Sewerage.
- (5) Less tobacco smoking.

## STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health: F. J. G. LISHMAN, M.D. (Hygiene), B.S.  
(London), D.P.H. (London), L.R.C.P.,  
M.R.C.S., D.L.O. (England), L.M.C.  
(Canada).

Chief Public Health Inspector: J. A. FURLEY, M.R.S.H., M.A.P.H.I.

Public Health Inspectors: R. P. BATTEN, M.R.S.H., M.A.P.H.I.  
R. A. COOMBS, M.R.S.H., M.A.P.H.I.

Clerk of Works - Housing: J. H. RIDEOUT

Rodent Operator: R. H. COOMBS

Clerk: P. GOODSHIP

Clerks and Stenographers: Mrs. Y. NEWTON  
Miss G. C. PARSONS (Resigned October)  
succeeded by Miss E. R. DARE

The Medical Officer of Health also holds combined appointments as Medical Officer of Health for the Mere and Tisbury Rural District, and for the Borough of Wilton, and, also under arrangements first made in 1954, he acts as Assistant County Medical Officer of Health for the Wiltshire County Council, so that the multiple appointment is also termed "mixed appointments". Approximately three elevenths of the salary for the Joint appointment is allocated to the Salisbury and Wilton Rural District.

The Chief Public Health Inspector also holds the appointment of Surveyor for the Rural District, and the other two Public Health Inspectors also spend a portion of their time on Surveyor's work.

## GENERAL ADMINISTRATION DURING THE YEAR

There has been no change in the general administration of the Public Health Department during the year.

## GENERAL STATISTICS

Number of Parishes	.. .. .	31
Area in Acres	.. .. .	107,424
Population, 1951 Census	.. .. .	18,020
Population, Registrar General's Estimate for mid Year		17,960
Density of population - people per acre	.. .. .	0.17

Number of inhabited houses or flats .. .. .	5,860 <sup>*</sup>
Number of inhabited houses owned by the Council ..	769
Number of applications for Council Housing at end of the year, on waiting list .. .. .	500
Rateable Value .. .. .	£190,326
Product of a penny rate .. .. .	£728 3. 5.

\* This figure, nearly 1,000 less than that recorded last year, is not due to a conflagration, but to the exclusion this year of hotel accommodation, schools etc., with sleeping accommodation.

### VITAL STATISTICS

In accordance with the request of the Ministry of Health Circular No. 22/1958, and a further small addition in Circular No. 1 1960, the layout of the tables in this section of the Report has been changed to allow certain additional vital statistics concerning infants to be included. This has caused the former Tables I and III to be recast into an enlarged Table I.

TABLE I

#### BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY

		<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births .. .. .	Legitimate	186	130	316
	Illegitimate	5	8	13
	Total	191	138	329
Crude Live Birth rate per 1,000 population .. .. .				18.3
Comparability Factor for Births .. .. .				1.04
(This compensates for age and sex distribution of the local population so that the "standardized" birth rate can be compared with the rate for England and Wales, and with similarly standardized birth rates in other areas.)				
Standardized Live Birth Rate .. .. .				19.0
		<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births .. .. .	Legitimate	6	2	8
	Illegitimate	0	0	0
	Total	6	2	8
Total Live and Still Births .. .. .		197	140	337
Still Births, rate per 1,000 Live and Still Births .. .. .				2.9

		<u>Male</u>	<u>Female</u>	<u>Total</u>
Infant Deaths	.. ..			
	Legitimate	4	3	7
	Illegitimate	1	0	1
	Total	5	3	8

Infant Mortality rate per 1,000 live births - Legitimate <sup>*</sup>	..	22.3
Illegitimate <sup>±</sup>	..	7.7
Total	..	24.3

For comparison: I.M.R. England and Wales	.. ..	22.0
I.M.R. Wiltshire (for previous year)	.. ..	18.6

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Neo Natal (first four weeks) deaths:			
Legitimate	3	1	4
Illegitimate	0	0	0
Total	3	1	4

"Early Neo Natal" (first week) deaths:			
Legitimate	2	1	3
Illegitimate	0	0	0
Total	2	1	3

"Neo Natal" Mortality Rate (first four weeks)	.. ..	12.3
"Early Neo Natal" Mortality Rate	.. ..	9.2
Illegitimate live births per cent of total live births	..	3.9
Maternal deaths (including abortion)	.. ..	0
Maternal mortality rate per 1,000 live and still births	..	0

<sup>\*</sup> Legitimate I.M.R. =  $\frac{\text{Leg. deaths under 1 year}}{\text{Leg. live births}}$

<sup>±</sup> Illegitimate I.M.R. =  $\frac{\text{Illeg. deaths under 1 year}}{\text{Illeg. live births}}$

#### Comment on Table I

The standardized Live Birth Rate shows a small increase from 18.9 to 19.0 last year. With the continued housing insufficiency, one could not wish for any more increase.

Illegitimate births are only 3.9 of this total.

Infant Mortality, with a rate of 24.3, is higher than the very

low figure of 15.6 of last year, but this good statistic must be regarded with caution because with a relatively small population district, with corresponding limitation of births to around 330 a year, one or two infant deaths occurring in a particular year make a big difference to the rate, each single infant death making an increase of three in the death rate per 1,000 live births. The national rate for the year was 22.5. As in past years, a high proportion of the infant deaths (this year 4 out of 8) occurred in the vulnerable first four weeks of life. Three occurred in the first week.

TABLE II  
DEATHS AND DEATH RATES

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of Deaths .. .. .	93	86	179
Crude Death Rate per 1,000 population .. .. .	10.0		
Comparability Factor for Deaths .. .. .	0.93		

Comment This factor, being less than unity, indicates that the age distribution of the local population is more elderly than that of the country as a whole.

Death Rate as standardized by Comparability Factor .. .. .	9.3
Death Rate for England and Wales for comparison .. .. .	11.6
Death Rate for Wiltshire (previous year) .. .. .	10.5

Comment

The actual Death Rate for the Rural District is lowered, and the standardized Death Rate, to make allowances for the more elderly population, rather more favourable, as compared with the country as a whole. The standardized local rate is 1.4 points higher than last year's rate.

NATURAL INCREASE

Increase of Live Births over deaths for the year .. .. .	150
Rate of Natural Increase, per 1,000 of Population .. .. .	8.3

TABLE III

Certain "Specific" Death rates in Inverse "Health Index" Value  
(Rates per 1,000 population, except for maternal rate)

(1) Deaths due to Tuberculosis (all forms) (both sexes) .. .. .	0
Tuberculosis Death Rate .. .. .	0
Deaths due to Respiratory Tuberculosis .. .. .	0
Respiratory Tuberculosis Death Rate .. .. .	0

Previous year's Tuberculosis Death Rate, Wiltshire, for comparison .. .. .	0
Previous year's Tuberculosis Death Rate, England and Wales for comparison .. .. .	0.11
(2) Deaths from Cancer and related malignant diseases .. ..	37
Specific Death rate from Cancer .. .. .	2.1
Previous year's Death Rate from Cancer, Wiltshire .. ..	1.75
Previous year's Death Rate from Cancer, England and Wales	2.12
(3) Deaths from Heart Disease and other diseases of the circulatory system .. .. .	84
Specific Death Rate from Heart Disease and other diseases of the circulatory system .. .. .	4.7
(4) Deaths from Accidents and Violence .. .. .	8
Specific Death Rate from Accidents and Violence .. ..	0.5

#### Comment

Certain of these specific "index" mortality rates are analysed, or broken down, in the following Table IV. On the whole these "inverse indices" of the state of health of the community are satisfactory except for the slight increase in mortality from malignant disease, including lung cancer.

#### ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into thirty-six disease headings. These headings lend themselves to a considerable extent to "grouping" the causes of death together in "families" or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has, therefore, been taken of this opportunity to break down the Registrar General's annual table for this district into seven groups, labelled "A" to "G" as set out in Table IV.

TABLE IV

#### ANALYSIS OF CAUSES OF DEATH

Group A - Certain Communicable Diseases					Male	Female	Total	Rate per 1,000
1. Tuberculosis - Respiratory	..	..	..	..	0	0	0	0
2. Tuberculosis - Other	..	..	..	..	0	0	0	0
3. Syphilitic Disease	..	..	..	..	0	0	0	0
4. Diphtheria	..	..	..	..	0	0	0	0
5. Whooping Cough	..	..	..	..	0	0	0	0
Carried forward					0	0	0	0

Male Female Total Rate per  
1,000

Brought forward ..	0	0	0	0
6. Meningococcal Infections .. ..	0	0	0	0
7. Poliomyelitis .. ..	0	0	0	0
8. Measles .. ..	0	0	0	0
9. Other Infectious and Parasitic Diseases (other than Influenza and Pneumonia) .. ..	0	0	0	0
Total Group A ..	0	0	0	0

Group B - Cancer and related Malignant Diseases

10. Malignant Neoplasm - Stomach ..	2	3	5	
11. Lung or Bronchus ..	4	0	4	0.23
12. Breast ..	0	3	3	
13. Uterus ..	0	0	0	
14. Other Malignant or Lymphatic Neoplasm	10	14	24	
15. Leukaemia or Aleukaemia .. ..	1	0	1	
Total Group B ..	17	20	37	2.1

Group C - Diabetes

16. Diabetes .. ..	0	0	0	0
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Group D - Heart and Other Diseases of Circulatory System

17. Vascular Lesions of Nervous System	13	13	26	
18. Coronary Disease or Angina .. ..	14	10	24	1.3
19. Hypertension with Heart Disease ..	0	0	0	
20. Other Heart Diseases .. ..	16	14	30	
21. Other Circulatory Diseases .. ..	2	2	4	
Total Group D ..	45	39	84	4.7

Group E - Respiratory Disease  
(other than Tuberculosis)

22. Influenza .. ..	0	2	2	
23. Pneumonia .. ..	7	8	15	
Carried forward ..	7	10	17	

		Male	Female	Total	Rate per 1,000
	Brought forward ..	7	10	17	
24.	Bronchitis .. .. .	1	2	3	
25.	Other Diseases of Respiratory System	1	0	1	
<hr/>					
	Total Group E ..	9	12	21	1.2
<hr/>					

Group F - (Miscellaneous)

26.	Ulcer of Stomach and Duodenum ..	1	0	1	
27.	Gastritis, Enteritis and Diarrhoea ..	0	0	0	
28.	Nephritis and Nephrosis .. ..	1	2	3	
29.	Hyperplasia of prostate .. ..	3	0	3	
30.	Pregnancy, Childbirth, Abortion ..	0	0	0	
31.	Congenital Malformation .. ..	1	0	1	
32.	Other Defined and Ill-Defined Diseases	11	10	21	
<hr/>					
	Total Group F ..	17	12	29	1.5
<hr/>					

Group G - Accidents and Violence

33.	Motor Vehicle Accidents .. ..	2	0	2	
34.	All other Accidents .. .. .	3	1	4	
35.	Suicide .. .. .	0	2	2	
36.	Homicide and operations of war ..	0	0	0	
<hr/>					
	Total Group G ..	5	3	8	0.5
<hr/>					

37.	ALL CAUSES .. .. .	93	86	179	10.0
<hr/>					

Comment on Table IV

As usual, diseases of the heart and circulatory system are the chief causes of epidemic mortality in the District - the specific mortality rate for these conditions at 4.7 per 1,000 being nearly half the total mortality rate of 10.0. Cancer, at about a fifth (2.1 per 1,000) is second, and Respiratory Diseases, (Bronchitis, Influenza and Pneumonia) third with 1.2 per 1,000.

It must now be appreciated that, as a cause of epidemic disease,

heart, cancerous and respiratory diseases have replaced the old idea of "infectious disease" as prime epidemic villains. Public Health Workers have now to tackle this great trio of killers with the same energy as they used to tackle the now weakening group of "communicable" diseases. The effort to persuade people to reduce tobacco smoking is one example of modern epidemiology in the public health service. Of the Cancer deaths, five were due to lung cancer, and, in accordance with present practice of ascertaining from near relatives the smoking habits of the deceased, all were found to be smokers, two heavy and two light.

### LUNG CANCER

In 1957 I submitted a special report on Lung Cancer and Tobacco Smoking, and I referred to this, and to a table of statistics for Wiltshire, prepared by the County M.O.H., Dr. C. D. L. Lycett, in my 1957 Annual Report. What was said then still stands, with further evidence to support it.

(Please see Page 17, Section 8, of 1957 Annual Report.)

### COMMUNICABLE DISEASES

#### A. Prevention of Communicable Diseases

The measure of the extent to which people are immunised against communicable diseases in a district is one of the "pointers" towards the health of the community. Artificial immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established, and, so far, most proven successful and lasting artificial immunisations are those against smallpox and diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Smallpox immunisations are done by the "Family Doctors" under the National Health Service, for the County Council, Diphtheria and Whooping Cough immunisations either by the "Family Doctors" or by the County Council's Medical Officers at Child Health Clinics, or at specially held immunisation clinics, usually arranged at school. Poliomyelitis immunisation is done either by County Council Medical Officers or by other Medical Practitioners, sometimes engaged by the County Council on a sessional basis at similar Clinics. Partial protection against Tuberculosis is available for Tuberculin negative older school-children through the County M.O.H., and to selected other cases (usually contacts of cases of Tuberculosis) from N.H.S. Chest Physicians. In this area, all the immunisations are still carried out by Doctors, the practice of employing public health nurses (Health Visitors or especially experienced nurses) in this work not yet having been adopted.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of

Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year against diphtheria, small-pox, whooping cough, and poliomyelitis in the district.

TABLE V - IMMUNISATION STATISTICS

(A) DIPHTHERIA and (B) WHOOPING COUGH

Age Group		Under 1	1	2	3	4	5-9	10-14	Total Under 15
Primary imms. completed during 1959	Diph.	255	29		19		17	-	320
	Wh/c.	255	29		19		5	-	308
Reinf. imms. administered during 1959	Diph.	-	1		81		104	1	187
	Wh/c.	-	1		81		27	1	110
Total immunised child population at 31st Dec. 1959	Pre 1.1.55						333	1,166	1,499
	Post 1.1.55	97	208	231	233	190	960	312	2,231

(C) SMALLPOX

Age Group	Under 1	1	2-4	5-14	15 or over
Primary Immunisations	125	5	15	9	14
Re-Immunisations	-	-	3	11	54

(D) POLIOMYELITIS

Partially Immunised (2 injections)	904
3 injections	3,635

Comment

The precise number of children under 15 years old in the district is not known (except at census times) but in a population of average age-distribution and average birth and death rates, we must expect population, of age birth to 14 full years (under fifteen) of about one fifth or 20% of the total "all age" population. Salisbury and Wilton Rural District has a slightly higher birth rate than the national average, so one can safely assume that at least one fifth of the total estimated population of 17,960 are children under 15. On the basis of

this estimate there would be at least 3,500 children under 15 in the district, and the total of 2,231 children under 15 immunised against diphtheria at some time is therefore fair. There were more of the younger children protected than during the previous year, especially of these immunised before their first birthday, but too few others before school entry. Table V shows that 255 babies under twelve months and 52 aged 1-4 years were immunised against diphtheria during the year, although 337 live babies were born during the year. This is much better than the 172 out of 322 in 1958, but is still only 76% of the total births. More "health education" for earlier immunisation against diphtheria and whooping cough is still indicated, and the family doctors, health visitors, midwives, home nurses and the staff of the Maternity and Child Health Clinics can all play their part in encouraging this. The increasing popularity of whooping cough immunisation (combined with diphtheria protection) is also assisting in this matter, since to be of maximum value the whooping cough protection should be started at, or before, three months old.

At the time of writing this report, the County Council have just made "triple antigen", for combined immunisation of Diphtheria, Whooping Cough and Tetanus, available. I have advocated this in my Annual Reports previously, and I hope that in this largely agricultural though increasingly suburban district it will prove worthwhile.

Table V continues to show a poor position in regard to smallpox immunisation (so-called "Vaccination"), for though 125 children under age 1 were immunised, the total other Immunisations and Re-Immunisations, added together for all other ages, only amounted to 120. In these times, when the speed of air travel allows people infected with smallpox abroad to keep well on the journey but develop the disease after arrival in this country, instead of on a ship, the low level of protection against smallpox in this District is disturbing. It could be less so if the same requirements in regard to immunisation against smallpox, before making the journey, as apply to entry into most countries, were put into force for entry into Great Britain.

## B. Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprise those diseases which are compulsorily "notifiable", under the Public Health Act 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The notifiable communicable diseases actually notified during the year are set out in Table VI.

Measles were prevalent during the year, but otherwise there is nothing requiring special comment in the main table, indeed the year

was a particularly good one in the relative freedom from even the minor notifiable communicable diseases. Incidentally, from unofficial information, this also applied to non-notifiable communicable diseases, such as rubella, though not to the common cold, nor to influenza, which this district did not escape during the national epidemic.

A separate note on Food Poisoning cases follows in Table VI(a).

TABLE VI  
NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

1. <u>Tuberculosis</u>	Sub	Total (main disease)	Group Total
(a) Respiratory .. .. .	6		
(b) Meninges and Nervous system ..	0		
(c) Other Forms .. .. .	3		
(d) Group Total .. .. .		9	9
<hr/>			
2. <u>Other Respiratory Notifiable Diseases</u>			
(a) Whooping Cough .. .. .		2	
(b) Pneumonia Acute .. .. .		3	
(c) Group Total .. .. .			5
<hr/>			
3. <u>Diphtheria</u> .. .. .		0	0
<hr/>			
4. <u>Meningococcal Infection</u> .. .. .		0	0
<hr/>			
5. <u>Virus Diseases of Nervous System</u>			
(a) Poliomyelitis - Paralytic ..	2		
(b) Poliomyelitis - Non-Paralytic	0		
(c) Poliomyelitis - Total .. ..		2	
(d) Encephalitis - Infective ..	0		
(e) Encephalitis - Post Infectious	0		
(f) Encephalitis - Total .. ..		0	
(g) Group Total .. .. .			2
<hr/>			
6. <u>Other Notifiable Virus Diseases</u>			
(a) Measles (excluding Rubella) ..		198	
(b) Smallpox .. .. .		0	
(c) Group Total .. .. .			198
<hr/>			

7. <u>Alimentary Infection or Poisons</u>	Sub	Total (main disease)	Group Total
(a) Dysentery - Bacteria .. ..	6		
(b) Dysentery - Other .. ..	0		
(c) Dysentery - Total .. ..		6	
(d) Typhoid Fever .. ..		0	
(e) Paratyphoid Fever .. ..		0	
(f) Other Salmonella Infection not known to be food borne ..		0	
(g) Food Poisoning .. ..		16	
(h) Group Total .. ..			22
<hr/>			
8. <u>Streptococcal Group</u>			
(a) Scarlet Fever .. ..		4	
(b) Erysipelas .. ..		0	
(c) Group Total .. ..			4
<hr/>			
9. <u>Miscellaneous Groups</u>			
(a) Puerperal Pyrexia .. ..		54	
(b) Ophthalmia Neonatorum ..		0	
(c) Other Notifiable Diseases ..		0	
(d) Group Total .. ..			54
<hr/>			
10. <u>All "Notifiable Diseases" Total</u> ..			294

#### Comment

It is important to note that certain common communicable diseases such as influenza, rubella and mumps, and also in this country venereal disease, are not generally "Notifiable" and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them, and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified. Under present regulations notifiable communicable diseases that are first diagnosed after admission to hospital must be notified to the Medical Officer of Health of the district in which the hospital is situated, irrespective of where they live. This accounts for a number of cases from other districts being notified to me, since the main infectious disease hospital for all districts near Salisbury is at Odstock. This shows itself also, and more notably, concerning Puerperal Pyrexia. Most women who bear their babies in hospital in South Wiltshire, North-east Dorset and Western Hampshire do so in the maternity wards at Odstock Hospital. Any woman who develops a temperature of 100.4°, irrespective of cause,

(which may be trivial), within fourteen days of childbirth must be notified as Puerperal Pyrexia. In considering the figures, therefore, we must remember that many (indeed most) of these cases do not derive from the Salisbury and Wilton Rural District. The 198 cases of measles cost £24. 16s. Od. in notification fees plus much clerical work in my office. I do not think that measles notification serves a useful local purpose. Food poisoning is discussed below.

### Hospital Accommodation for Communicable Diseases

The Communicable Disease Block at Odstock Hospital serves this District for all ordinary cases of communicable diseases that are better cared-for in hospital. For many cases however, home care is the best, and most cases of measles, whooping cough, scarlet fever, food poisoning, etc., are usually left at home. Ordinary cases of Paralytic Poliomyelitis go to Odstock Hospital, but Regional arrangements are made for "Bulbar" cases, with difficulty in breathing or swallowing, to be treated in a special unit at Portsmouth Communicable Disease Hospital. Special ambulance facilities, with expert travelling and nursing teams, are part of this service.

### FOOD POISONING

Table VI(a) is a copy of the "Annual Return" of the Food Poisoning notifications which is sent to the Ministry of Health. This analyses the "Food Poisoning" cases according to whether they occurred as outbreaks or isolated cases (sometimes hard to distinguish), and according to their cause, - bacterial infective, bacterial toxic, chemical, etc.

TABLE VI(a) - FOOD POISONING

(In form requested by the Ministry of Health)

(Salmonella Infections that are not considered to be food borne are not included under Items 2, 3, or 4, but are shown separately under Item 4.)

#### 1. (a) FOOD POISONING NOTIFICATIONS

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
1	10	7	0	18

#### (b) CASES OTHERWISE ASCERTAINED

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	0

#### (c) SYMPTOMLESS EXCRETORS

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	0

Note: Symptomless excretors are not regarded as cases. Any notification of a symptomless excretor received is corrected.

(d) FATAL CASES

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	0

2. PARTICULARS OF OUTBREAKS

Agent identified	No. of outbreaks		No. of cases in 'outbreaks'		Total No. of cases
	Family outbreaks	Other outbreaks	Notified	Otherwise ascertained	
(a) Chemical Poisons (type to be stated)	0	0	0	0	0
(b) Salmonella Salmonella Newport	0	10	10	0	10 <sup>II</sup>
(c) Staphylococci (including toxin)	0	0	0	0	0
(d) Cl. botulinum	0	0	0	0	0
(e) Cl. welchii	0	0	0	0	0
(f) Other bacteria (to be named)	0	0	0	0	0
Totals		10	10	0	10

Agent not identified	3	0	3	0	3
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3. SINGLE CASES

Agent identified	No. of Cases		Total No. of Cases
	Notified	Otherwise ascertained	
(a) Chemical Poisons (type to be stated)	0	0	0
(b) Salmonella (type to be stated)			
S. Typhimurium	1	0	1
S. Derby	1	0	1
(c) Staphylococci (including toxin)	1	0	1
(d) Cl. botulinum	0	0	0
(e) Cl. welchii	0	0	0
(f) Other bacteria	0	0	0
Totals	3	0	3

	No. of Cases		Total
	Notified	Otherwise ascertained	No. of Cases
Agent not identified	5	0	5
<hr/>			
TOTAL	8	0	8
<hr/>			

#### 4. SALMONELLA INFECTIONS, NOT FOOD BORNE

Salmonella (type)	Outbreaks		No. of cases (Outbreaks)	Single Cases	Total No. of cases (Outbreaks and single cases)
	Family	Other			
0	0	0	0	0	0

#### Comment

There was only one "outbreak", which involved "families" and other people, so cannot properly be assigned to either the "family" or the "other" classification. The outbreak of Salmonella Newport infection was part of a widespread outbreak affecting much of England, believed to have been caused by the wide distribution of a consignment of infected "pressed" (not canned) beef.

#### PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other personal Health Services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics and the School Health Service, with its specialised appendages such as Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-Care" service, which is largely concerned with tuberculous people, their families and other contacts, and with "chronic sick" and aged people, outside hospitals.

The District Medical Officer of Health is also closely concerned with tuberculosis cases, especially in regard to their Housing, and to prevention of infection spread in their homes, and sometimes work.

Since 1954, your Medical Officer of Health, who had not previously been associated with these services, now spends nearly half his time working for the County Council, principally with the School Health Services and at Child Health Clinics. He also conducts many Immunisation Clinics, also undertaking a considerable amount of mental health work. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

## Handicapped Children

The School Health care, and special educational needs, of handicapped children also comes under the Wiltshire School Health Services, and your Medical Officer of Health is closely concerned with this work especially concerning the many mentally backward children.

## School Premises

The hygiene of School Premises, as of most other buildings, concerns the Local Public Health Authority as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements, for improving hygienic conditions, were made during the year, special attention being paid to the dish and utensil washing facilities in the services for school meals. The coming into operation at the end of 1955 of the Food Hygiene Regulations 1955, has already brought about considerable improvement in these meal facilities, and set new standards of conduct for personnel.

## Handicapped Adults

The care of handicapped adults, including the blind and deaf, and of old people also comes under the County Council services. But the Local Authority has certain powers in regard to old or neglected people, under Section 47 of the National Assistance Act, 1948. This Local Authority has also delegated some of its power, as permitted by the National Assistance (Amendment) Act 1951, to the Medical Officer of Health, to act on his own authority in emergency to obtain a Justice's Order for the admission to hospital or a home of a person for a period of up to one month's detention.

The Medical Officer of Health saw a number of old people, to a greater or less extent needing "care and attention". In each case however, removal to an institution was either unnecessary, or if necessary, was arranged for voluntarily, either by applying to the County Council Welfare Department, or the family doctor making arrangements for admission to hospital. It was not necessary to use the emergency powers during the last four years in this Rural District. However these powers are of distinct background value. Sometimes a hospital bed is very difficult to obtain in a hurry, but if I tell the Hospital Admissions Officers that if the patient had been unwilling, compulsory removal under a Magistrate's Order would have been resorted to, the Admissions Officers have been most helpful in obtaining an emergency bed.

## ENVIRONMENTAL PUBLIC HEALTH AND FOOD

As stated in previous reports, this is still probably the most important of the various factors which influence public health.

Human health is still and probably always will be influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of water, and of food, supplies. Fundamental to good health are such influences as housing, safe and not wasteful disposal of body wastes (drainage, sewerage, etc.), refuse collection and disposal, control of flies, mosquitoes and other insects, mice, rats and other pests and vermin, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk and such universal and basic foods as bread and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared and/ or consumed including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the Report of the Chief Public Health Inspector, Mr. J. A. Furley, which is incorporated in this Annual Report. Brief comments on the following matters are, however, made in this section of the report.

### 1. Housing

As stated in previous reports, and repeated because of its great importance, within the limits of geography, climate, and type of locality, probably no other single environmental influence is as important to mental and physical health as good housing. Bad housing, still more, lack of any housing accommodation, overcrowding, living with "in-laws", adjacent to noisy neighbours, (radios, late nights etc.) over and over again seem to be at the back of people's worries, domestic or occupational, much of which could be alleviated with corresponding improvement to mind and body, if their housing problems could be solved for more people. The extent of the housing problem cannot be measured by the size of the Local Authority's waiting list of applicants for Council Houses or apartments ("flats"), though these are very big. Many people are living in unsuitable accommodation who have not applied for Council Housing.

At the end of the year there were still 500 actual applications, mainly in respect of families, for Council Housing on the waiting list, 114 more than at the end of 1958. Although the Authority continues to build houses, the waiting list grows ever larger. This great public health problem makes a challenge that, so far, is only fractionally met.

The Council is, however, to be congratulated upon the very substantial contribution to housing that it has given by making Improvement Grants towards the cost of improving and modernising old houses, providing bathrooms, water closets, etc. In this way, 57 houses have been resuscitated and made good during the year, at a cost of £17,407. Since the grants were first permitted under the Housing Act, 1949, a total of 398 houses have been "saved" and improved by means of these grants, totalling £122,274.

## Housing of Old People

The special needs of old people living either with their children or alone are of great public importance. The Council are aware of this. The neighbouring Sturminster Rural District Council have been pioneers in this service for the last decade. During the year a delegation from the Housing and Public Health Committee visited the Sturminster R.D.C. Grouped Dwellings for old people at Marnhull and Stalbridge, and later on a scheme began to be promoted for providing a somewhat similar group of old people's dwellings at Downton, as a beginning for an enterprise in this Rural District which will, I hope, eventually surpass the pioneer work in the Sturminster R.D.

## 2. Water Supplies

Only nine of the thirty-one parishes are now not supplied with satisfactory, piped water. It is hoped to supply the five Chalke Valley Parishes of these nine parishes shortly. Further details are in the Report of the Chief P.H.I.

## Quality

The quality of the public supplies, as indicated by a great many bacteriological and a few chemical analysis has been good, with the one qualification that the natural fluoride content of the waters is not up to the standard required to promote the building of strong, durable teeth, resistant to decay in young growing children.

During the year, in addition to routine full chemical analysis of the waters used in the main regional distribution supplies, more frequent analysis just for fluoride content, started in 1955, were continued at intervals. The results shown in the table below were obtained. For good dental health a fluoride content of one part per million water is desirable.

FLUORIDE CONTENT OF MAJOR WATER SOURCES  
(Parts per million water)

Source	1955	1956	1957	1958	1959
Ebbesbourne Wake			8th April less than 0.1	0.06	15th Dec. 0.1
Farley	22nd June 0.8	5th March 0.1	-	-	-
Fovant (borchhole)	14th April 0.6	11th Jan. 1.0	21st May 0.6	Mar. Dec. 0.3 0.1	1.0
Pitton	19th April 0.7	27th Feb. 0.1	-	0.05	-

Source	1955	1956	1957	1958	1959
Salisbury City Supply (for adjacent R.D.)			19th June 0.1	12th Feb. 0.3	-
W. Hants Water Supply Co. (taken at Downton)	14th April 0.3	22nd Feb. 0.4	-	-	-
Whiteparish (Gatmore Pumping Station)	12th April 0.2	13th Feb. 0.2	20th May 0.1	Aug. Oct. 0.07 0.07	14th Dec. 0.1
Wylfe (borehole)	14th Dec. 0.15	13th June 0.05	10th Jan. 1.0	21st Jan. 0.1	0.4
West Dean	-	-	-	(1959) 0.07	-
Winterslow	-	-	-	Dec. 0.05	-

As the general level of natural fluoride content of these waters has been fairly well established over a period of 4 years, although there have been some fairly wide fluctuations (e.g. Fovant and Wylfe from 0.1 to 1.0 parts per million), the frequency of testing has now been reduced.

Once again I must deplore the fact that the Ministries of Housing and Local Government and of Health are not yet encouraging Water Authorities to enrich fluoride-deficient waters, until they can demonstrate (at Anglesey, Watford, and Kilmarnock) that what is amply proven over more than a decade in Canada and the U.S.A., and more recently in New Zealand, also applies in this country.

The World Health Organisation, New Zealand Department of Health, British Medical Association, British Dental Association, Society of Medical Officers of Health, Canadian Public Health Association, and the American Public Health Association support this enrichment measure, where waters are naturally weak in fluoride.

I believe that no other public health measure would produce results in improving dental, and therefore general health so quickly and so cheaply.

### 3. Milk Supply

Details of supervision and sampling of milk supplies will be found in the Chief Public Health Inspector's section of this report.

From the viewpoint of prevention of milk borne disease the two most important tests to which samples are subjected are:

- (a) The Phosphatase tests, for checking the adequacy of the Heat Treatment of Pasteurised milk. Here, most of the sampling is done by the County Council staff, as the Wilts C.C. is the licensing authority for actual Pasteurisers. Copies of reports on the samples taken

by the W.C.C. are sent to me, and, as regards this district, have been satisfactory, none failing to pass the phosphatase test.

- (b) The Biological tests, for detecting presence of living tuberculosis or brucella germs in the milk. Here 37 samples (1 from non-designated and 36 from Tuberculin tested raw milks) were analysed by the 5 week guinea-pig and Culture tests, and it is very reassuring to report that all samples were negative for tuberculosis, all except 3 negative for brucella. The positive brucella tests concerned milk supplies in the Barford St. Martin and Downton area, and arrangements were made for heat treatment of that portion of the milk supply that had formerly been sold raw for local consumption until veterinary investigation and the treatment of the herds concerned, and subsequent further biological sampling, indicated the clearance of the infection. A considerable number of milk samples, however, showed positive "Ring" tests. This is not an official test, but gives a guide as to whether there has been brucella infection in the herd recently or in past months. When a positive ring test is found, a Public Health Inspector calls and advises the producer to call in his veterinary surgeon.

#### 4. Sewage Disposal

See page 16 of my 1957 Report and this year's Report of the Chief P.H.I.

A priority order for sewerage various Parishes or parts of Parishes in the Rural District was suggested to, and adopted by the Council towards the end of the year.

#### 5. Food Hygiene

There has been a modest improvement in the hygiene of equipment and operation of food establishments, schools, public houses, etc., during the year. One large poultry processing plant came under special consideration during the year. Improvements in toilet provision were required, and a change to a more suitable, and larger, site was recommended.

#### 6. Refuse

During the year the Council continued negotiations for acquiring, with the object of introducing "controlled tipping", and fencing off to frustrate unauthorised tipping and reduce accident risk, the great depression between Downton and Redlynch, where the Council's contractor tips his loads. This dump should give a further decade of service, but another one, further West and North in the district is needed, to reduce transport now, and to take over later when the Downton dump is full.

## 7. Swimming Facilities

The Rural District is fortunate in having five lovely rivers, the Avon, Wylve, Till, Nadder and Ebbles, threading it. In various pools in these rivers quite good swimming and bathing facilities exist, with only a small risk of infection from pollution.

It is, however, unfortunate that in a district with much attractive river water, there are still so few facilities for teaching children to swim. All children should be taught to swim as young as possible, certainly by primary school age. All children, and adults, should be taught the Holger-Neilson system of Artificial Respiration. These two accomplishments would be most conveniently taught in the Primary Schools.

I am glad to hear from the Principal School Medical Officer for Wiltshire that a recommendation has been made to the County Education Committee that the Holger Neilson system of Artificial Respiration be taught in the schools.

## 8. Tobacco Smoking

Dealt with after Table IV - see 'Cancer'.

## 9. Meat Inspection

The burden of this necessary work on the Public Health Inspectorate is tremendous. Development of new poultry slaughtering and processing stations is about to increase, but at present there is no provision for meat inspection at these places. The time is approaching however when some provision should be made.

## 10. Factory Inspection

See table at end of the Chief Public Health Inspector's Report.

F. J. G. LISHMAN

29th July, 1960.

RURAL DISTRICT OF SALISBURY AND WILTON  
ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR  
FOR THE YEAR 1959

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report for the year 1959.

I would like to take this opportunity of thanking the Staff of my Department for the very efficient, conscientious and courteous way in which they have carried out their duties during the past year and to whom much credit is due in connection with work carried out.

J. A. FURLEY

Chief Public Health Inspector

SANITARY INSPECTIONS OF THE AREA

Public Health Act, 1936 and General Sanitation

Number of Inspections	re Water Supply	.. .. .	310
" "	re Drainage and/or Sanitary Accommodation		252
" "	re Moveable Dwellings (Section 269)	..	110
" "	re Buildings of Temporary Material		
	(Section 53)		23
" "	re Factories Act	.. .. .	29
" "	re Infectious Diseases	.. .. .	9
" "	re Investigation of Food Poisoning	..	9
" "	re Miscellaneous Complaints	.. .. .	152
" "	re Refuse Collection	.. .. .	25

Housing

Number of Inspections and Visits	under Housing Act 1936 and 1957	418
" " " " "	under Housing Acts 1949/1952/1958	715
" " " " "	under Public Health Acts	182

Meat and Food Inspection

Number of Visits	to Slaughterhouses approx.	.. .. .	235
" "	to Shops and Premises	.. .. .	39
" "	to Dairies	.. .. .	30
" "	re Ice Cream	.. .. .	15
" "	to Cafes...	.. .. .	17
" "	to Mobile Cafes, Vans, Etc.	.. .. .	5

## HOUSING

The following statistics show the work carried out under the Housing Acts 1936, 1949, 1952, 1957, and 1958, the Housing Repairs and Rents Act, 1954 and the Rent Act, 1957.

Ten years have now elapsed since the introduction of the Legislation enabling local authorities to give Grants for the improvement of property and I would like to draw attention to the way in which the Council has responded to this. The summary given below shows the number of properties which have benefited from this Scheme and the amount of financial aid given by the Council. Looking back over the past decade, I feel that this is of the utmost credit to the Council.

Year	Amount of Grant Paid	No. of Properties
31.7.49 - 31.12.54	£18,509	61
1955	£21,059	71
1956	£20,388	66
1957	£23,033	70
1958	£21,878	79
1959	£17,407	51
Total	£122,274	* 398

\* The average approximate amount of Grant Aid for each property is £366 out of a maximum Grant of £400.

The clearance of Unfit Houses has progressed steadily during the year and the number of unfit houses remaining to be dealt with is now quite small.

### HOUSING STATISTICS FOR 1959

1. Number of permanent dwellings in district at end of year 5901
2. Number of permanent dwellings in district owned by local authority .. .. . 774
3. Number of temporary dwellings in district owned by local authority .. .. . Nil
4. Number of applications for Council houses at end of year. 500
5. Inspection of dwellings during year:
  - (i) Inspected for housing defects under Public Health Acts 127
  - (ii) Inspected for housing defects under Housing Acts 120

(iii)	Number of dwellings so dangerous or injurious to health as to be unfit for habitation .. .. .	42
(iv)	Number of dwellings found not to be in all respects reasonably fit for habitation .. .. .	87
6.	Number of dwellings rendered fit in consequence of informal action .. .. .	75
7.	Action under Statutory Powers:	
A.	Proceedings under Sections 9, 10, 12 Housing Act, 1957	
(i)	Number of dwellings where notices were served requiring defects to be remedied .. .. .	1
(ii)	Number of dwellings rendered fit after service of formal notices	
(a)	by owners .. .. .	1
(b)	by local authority in default of owners ..	Nil
B.	Proceedings under Section 16, Housing Act, 1957	
(i)	Number of demolition orders made .. .. .	19
(ii)	Number of houses demolished as result of demolition order .. .. .	32
(iii)	Number of undertakings accepted .. .. .	1
(iv)	Number of undertakings completed .. .. .	Nil
C.	Proceedings under Section 17, 18, 27, Housing Act, 1957	
(i)	Number of dwellings where closing Orders were made	3
(ii)	Number of dwellings closed as result of closing Orders or undertakings by owners .. .. .	4
(iii)	Number of dwellings where closing Orders were cancelled in consequence of premises being made fit .. .. .	1

8. Houses Erected:

	1.4.45 to 31.12.59	1.1.59 to 31.12.59	
		Slum Clearance	Other Purposes
Local Authority	629	8	10
Private Enterprise	550	-	72

WATER SUPPLY

The comprehensive Scheme to supply the whole of the Council's area with water is now in its final stages.

During the past year mains have been laid in Dinton, Barford St. Martin and Burcombe, so completing the South Western area.

At the time of writing this Report, tenders are being considered to lay mains throughout the Chalke Valley area (Broadchalke, Bishopstone, Bowerchalke, Ebbesbourne Wake, Coombe Bissett and Homington), Lopcombe Corner and the provision of a 6" diameter trunk main to supply the Whiteparish area with water in bulk from the West Hants Water Company's reservoir at Standlynch Down.

The latter scheme will enable a better pressure to be maintained on the high ground in the surrounding areas and will supersede the present source of supply from Gatmore, where the pumping arrangements have recently become over-worked due to the increased demands for water in the area.

The present position regarding water supplies is as follows:-

#### Fovant Source

Supply to villages of Fovant, Compton Chamberlayne, Dinton, Barford St. Martin and Burcombe.

This area will also be the source of supply for the Chalke Valley area.

Water is chlorinated at source.

#### Result of Bacteriological Examination of Water Supply during year

February	Excellent
March	Excellent
July	Unsatisfactory
July	Excellent
September	Excellent

#### Result of Chemical Analysis of Water Supply during year

September	Satisfactory
	Fluorine content 1.0 p.p.m.

#### Wylve Source

Supply to villages of Wylve, Steeple Langford, South Newton, and Wishford.

Water supplied untreated.

#### Result of Bacteriological Examination of Water supplied during year

March	Excellent
June	Excellent
September	Excellent
December	Unsatisfactory
December	Excellent

Result of Chemical Analysis of Water Supply

September                      Satisfactory  
Fluoride content 0.4 p.p.m.

Whiteparish Source - Gatmore Copse Pumping Station

Supply to village of Whiteparish.

Water supplied untreated.

Result of Bacteriological Examination of Water supplied during year

April	Unsatisfactory
April	Unsatisfactory
May	Excellent
May	Excellent
June	Suspicious
July	Excellent
October	Unsatisfactory
December	Unsatisfactory
December	Satisfactory

Result of Chemical Analysis of Water Supply

December                      Satisfactory  
Fluorine content 0.1 p.p.m.

Farley Source

Supply to Farley, East Grimstead, parts of West Grimstead, and to the Forestry Commission Houses in the Parish of West Dean.

Water supplied untreated.

Result of Bacteriological Examination of Water supplied during year

March	Satisfactory
June	Excellent
September	Suspicious
December	Satisfactory

Pitton Public Supply

Supply to village of Pitton only.

Water chlorinated at source.

Result of Bacteriological Examination of Water supplied during year

March	Excellent
June	Excellent

September	Unsatisfactory
October	Excellent
December	Excellent

#### Ebbesbourne Wake Source

Supply to village of Ebbesbourne Wake only.

Water chlorinated at source.

#### Result of Bacteriological Examination of Water supplied during year

January	Excellent	
May	Excellent	
July	Unsatisfactory	}
	Excellent	
	Excellent	
	Unsatisfactory	
August	Excellent	}
	Unsatisfactory	
	Unsatisfactory	
September	Excellent	
October	Excellent	
November	Excellent	
December	Unsatisfactory	

#### Result of Chemical Analysis of Water supplied

December	Satisfactory
	Fluorine content 0.1 p.p.m.

#### BULK SUPPLIES, ETC.

##### Downton, Redlynch and Landford

These villages are supplied by the West Hants Water Company, being included in the Statutory area of the Company.

##### Britford, Laverstock

Supplied by mains water by bulk supplies from Salisbury City and distributed through the Rural District Council's mains.

##### Alderbury and West Grimstead

Supplied by mains water by bulk supplies from the West Hants Water Company's source and distributed through the Rural District Council's mains.

##### Quidhampton and Netherhampton

Supplied by mains water by bulk supplies from Wilton Borough and

distributed through the Rural District Council's mains.

Berwick St. James, parts of Alderbury, Odstock, West Dean, Winterslow and Clarendon Park

Piped water from private sources are available in these Parishes.

Eleven samples which were taken from the above supplies and submitted for bacteriological examination, proved to be Excellent.

### Water Supply Statistics

Estimated Number of houses supplied by public water mains excluding private supplies and villages supplied by the West Hants Water Company .. .. .	2,427
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### WATER SAMPLES

I give below a summary of the results of samples taken during the year:-

#### ANALYSIS OF WATER SAMPLES

##### 1. Bacteriological

(a) Number of samples taken of raw untreated water supplies ..	117
(b) Number of samples taken of treated water supplies .. ..	48
	<hr/>
	165
	<hr/>

#### Analysis of Reports

##### (a) TREATED WATER SUPPLIES

Number Excellent .. .. .	38
Number Unsatisfactory .. .. .	10
	<hr/>
	48

##### (b) RAW, UNTREATED WATERS

(a) Number Excellent .. .. .	49
(b) Number Satisfactory .. .. .	10
(c) Number Suspicious .. .. .	18
(d) Number Unsatisfactory .. .. .	40
	<hr/>
	117
	<hr/>

165

In addition to the above, 38 samples were taken of water from new mains before these were released for public supply.

##### 2. Chemical

Number entirely satisfactory .. .. .	6
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All these samples conform with the classifications laid down in the Ministry of Health Report on the Bacteriological Examination of Water Samples.

### SEWERAGE AND SEWAGE DISPOSAL

The following report on the present position regarding the provision of water borne sewers and sewage disposal is the first of its kind and it is gratifying to think that at last I am able to report upon progress made in the provision of this very necessary Public Health Service:

#### QUIDHAMPTON

Sewers discharge into Salisbury City's Trunk sewer south of the village.

#### LAVERSTOCK

Parts of Laverstock sewered as development took place. The Rural District Council are now laying sewers to central area of village.

#### BERWICK ST. JAMES

Sewers and Disposal Unit are now completed. The majority of property in the village is connected to the sewer.

#### DOWNTON

Stage I of the Downton Sewerage Scheme is now completed and connections are being made to the sewer.

Stage 2 - work is now in progress.

#### FOVANT

Work in progress on this Scheme.

### FOOD INSPECTION

#### MEAT CONDEMNED DURING 1959

<u>ANIMALS</u>	<u>FOR TUBERCULOSIS</u>		<u>CONDEMNED FOR PURPOSES OTHER THAN TUBERCULOSIS</u>	
	Meat	Offal	Meat	Offal
	lbs.	lbs.	lbs.	lbs.
Pigs ..	3,949	5,318	10,618	3,630
Calves ..	Nil	Nil	Nil	Nil
Sheep ..	Nil	Nil	Nil	Nil
Bovines ..	Nil	Nil	Nil	Nil
Horses ..	Nil	Nil	Nil	Nil

## Carcases Inspected and Condemned - For the Year Ended 1959

	Cattle excluding Cows	Cows	Sheep and Lambs	Pigs	Horses
Number Killed .. ..	-	-	-	42,418	-
Number Inspected .. ..	-	-	-	42,418	-
All Diseases except Tuberculosis & Cysticercosis					
Whole carcasses condemned	-	-	-	53	-
Carcasses of which some part or organ was condemned ..	-	-	-	660	-
Percentage of the number inspected affected with disease other than tuberculosis & cysticercosis	-	-	-	1.7%	-
Tuberculosis Only					
Whole carcasses condemned	-	-	-	1	-
Carcasses of which some part or organ was condemned ..	-	-	-	768	-
Percentage of the number inspected affected with tuberculosis .. ..	-	-	-	1.8%	-
Cysticercosis					
Carcasses of which some part or organ was condemned ..	-	-	-	-	-
Carcasses submitted to treatment by refrigeration	-	-	-	-	-
Generalised and totally condemned .. ..	-	-	-	-	-

## MILK SUPPLY

The milk supply throughout the District has again been satisfactory.

The following are the number of registrations of premises and persons together with the Licences issued by the Council in addition to those issued by the Ministry of Agriculture, Fisheries and Food, together with details of samples taken.

During the year, two small Producer/Retailers sold their Rounds to larger Distributors.

Premises used as dairies	..	..	..	..	..	..	..	3
Persons registered as distributors of milk	..	..	..	..	..	..	..	18
Dealers authorised to use the special designation "Tuberculin Tested"	17							
Dealers authorised to use the special designation "Pasteurised"	..							14
Dealers authorised to use the special designation "Sterilised"	..							1

#### Methylene Blue Test

##### Tuberculin Tested Raw Milk

(a) Number of samples passed	..	..	..	..	..	..	..	25
(b) Number of samples failed	..	..	..	..	..	..	..	6

#### Biological Samples (Tubercle Bacillus Test)

##### Tuberculin Tested Raw Milk

(a) Number of samples negative	..	..	..	..	..	..	..	39
(b) Number of samples positive	..	..	..	..	..	..	..	Nil

#### Biological Samples (Brucellus Abortus Test)

##### Tuberculin Tested Raw Milk

(a) Number of samples negative	..	..	..	..	..	..	..	38
(b) Number of samples positive	..	..	..	..	..	..	..	1

#### Milk Ring Test (Brucella Abortus Test)

This test is found helpful in breaking down the herd following suspicions of Brucellus Abortus in a bulk supply. Forty additional samples were taken during 1959 for Milk Ring Test only.

### FOOD HYGIENE REGULATIONS, 1955

Inspections have been carried out of food premises under the above Regulations and a number of informal notices have had to be served upon owners of certain property, in order to obtain compliance with these Regulations.

### FOOD AND DRUGS ACT, 1955

#### Section 16 - Number of Premises Registered

(a) Premises registered for the sale of Ice Cream	..	..	..	66
(b) Premises registered for the manufacture of Sausages, etc.	..			8
(c) Premises licensed for use as Slaughterhouse	..	..	..	1

## Slaughter of Animals Act, 1933

- (a) Number of Slaughtermen licensed during the year under the above Act .. .. . 13

### REFUSE COLLECTION AND DISPOSAL

The Council's refuse collection and disposal was carried out regularly and satisfactorily during the year. The collection being weekly in the Parishes of Quidhampton, Laverstock, South Newton and Wishford, and fortnightly in the remaining Parishes.

### RODENT CONTROL

Routine surveys and investigation of all complaints received have been conscientiously dealt with by the Rodent Operator under the supervision of this Department and I give below the following table, which briefly summarises the work carried out:

#### TYPE OF PROPERTY

##### Non-Agricultural

	(1) Local Authority	(2) Dwelling Houses (inc. Council Houses)	(3) All Other (inc. Business Premises)	(4) Total of Cols. (1) (2) & (3)	(5) Agricul- tural
1 Approximate num- ber of properties	7	5901	600 (approx.)	6508	400 (approx.)
2 Number of proper- ties inspected as a result of:					
(a) Notification	-	68	11	79	10
(b) Survey under the Act ..	21	565	32	618	89
3 Number of proper- ties inspected (in Section 2) which were found to be infested by:					
(a) Rats ( Major	-	-	-	-	6
( Minor	6	120	11	137	2

	(1)	(2)	(3)	(4)	(5)
	Local Authority	Dwelling Houses (inc. Council Houses)	All Other (inc. Business Premises)	Total of Cols. (1) (2) & (3)	Agricul- tural

(b) Mice	( Major	-	-	-	-
	( Minor	-	4	1	5

4 Number of infested properties (in Section 3) treated by the L.A. ..	6	124	12	142	8
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The Rodent Operator is employed in conjunction with our neighbours Amesbury R.D.C. and Wilton Borough under a Joint Committee and he spends four weeks with this Council and then is away for the following six weeks with the other authorities. This arrangement works extremely well and is of considerable advantage to all concerned.

#### FACTORIES

Factories Acts 1937 and 1948

#### INSPECTIONS

Premises	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4, 6 and 7 are to be enforced by Local Authorities (Factories without Mechanical Power) ..	4	7	1	-
(ii) Factories not included in (i) in which only Section 7 is enforced by the Local Authority (Factories with Mech- anical Power) .. ..	82	26	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	nil	nil	nil	nil
Total ..	86	33	1	nil

# CASES IN WHICH DEFECTS WERE FOUND AT FACTORIES

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
(a) Ineffective drainage of floors (Sec.6)	-	-	-	-	-
(b) Sanitary Conveniences (Sec.7)					
(i) Insufficient	-	-	-	-	-
(ii) Unsuitable or defective ..	1	1	-	1	-
(iii) Not separate for sexes ..	-	-	-	-	-
	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Total ..	1	1	-	1	-
	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>

## OUTWORKERS

### Section 110, Factories Act 1937

	No. of outworkers in August list required by Sec. 110(1)(c)(3)	No. of cases in default in sending lists to the Council	No. of prosecutions for failure to supply lists
<u>Wearing apparel:</u>			
Making, etc. Cleaning and Washing	34	nil	nil
	<u>          </u>	<u>          </u>	<u>          </u>
Total	34	nil	nil
	<u>          </u>	<u>          </u>	<u>          </u>

All other occupations Nil.

J. A. FURLEY

Chief Public Health Inspector





